

TSD

COMMONWEALTH of VIRGINIA

DEPARTMENT OF WASTE MANAGEMENT 11th Floor, Monroe Building 101 N. 14th Street Richmond, VA 23219 (804) 225-2667

MAR 1 1989

Marvin Hall Environmental Engineer GMC Delco Moraine Division 3401 Tidewater Trail Fredericksburg, Virginia 22401

CERTIFIED - RETURN RECEIPT REQUESTED

RE: Inspection Report EPA ID # VAD091222588

Dear Mr. Hall:

During a recent (February 10, 1989) inspection, it was noted that your facility was not in total compliance with the Virginia Hazardous Waste Management Regulations (VHWMR). Such instances are indicated by a checkmark on the enclosed inspection checklists and are listed below:

1) Security

Reference Section 9.1.E.3 of VHWMR.

- a) The signs posted around the active portions of the facility state that unauthorized personnel must keep out, but do not indicate danger.
- 2) Contingency Plan

Reference Section 9.3 of VHWMR.

- a) Evacuation plans are posted in the plant, however, no evacuation plan for the facility has been included in the contingency plan.
- b) The documentation that the contingency plan had been sent to the local police department was missing. Mr. Hall stated that a new contingency plan would be sent to the sheriff.

c) A description of the arrangements agreed to by the emergency response organizations and contractors listed in your contingency plan is missing. Please update your contingency plan to include this information.

3) Containers

Reference Section 9.8 of VHWMR.

a) The Department has known that you accumulate open drums of Ajax sludge generated at the facility in the inside designated hazardous waste accumulation area (staging area) until the temperature of the drum contents drops to 110 degrees Fahrenheit (time period to be determined). The rationale behind this decision was to prevent the drums from collapsing during the cooling of the Ajax sludge from over 500 degrees Fahrenheit to ambient temperatures.

This allowance does not apply to containers in any other part of the facility or to drums used to collect the sludge which was cooled prior to being placed in the drums. Two open containers partially filled with the floor scrapings of Ajax sludge hazardous waste were found near the satellite accumulation areas. These drums were labeled as hazardous waste and were not in the process of being filled at that time.

In the future, allow only those drums which are in the designated accumulation area and which are in the process of being cooled to remain uncovered. All other drums must remain closed except as necessary to add or remove waste.

Please take the appropriate corrective action to bring your facility in total compliance with the regulations and submit a letter documenting what corrective actions have taken place by March 25, 1989. A follow-up inspection will be scheduled after this date.

At the time of the inspection it was decided to manage the "staging" area as a hazardous waste accumulation area thereby eliminating the need to remove all of the waste from the area within a three day period. The proper inspection logs have been developed and will be put into use on February 13, 1989, the next work day following the inspection.

Marvin Hall Page 3

This letter and its attachments relate only to inspections performed under the requirements of facility interim status and do not in any way release the facility from the more stringent requirements which it must meet in order to obtain permitted status.

If you have any questions please call me at (804) 225-3019.

Sincerely,

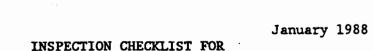
Sharon Skutle Wilcox

Sharon South Miles

Environmental Engineer Senior Division of Technical Services

Enclosures

SSW:065/lhc



	THE USE AND MANAGEMENT OF CONTAINERS
Name of Faci	lity: Delco-Moraine Division of 6 mc
Address: 34	01 Tidewater trail
<u>Fr</u>	edericksburg, UA 12401
•	r: UA D 091722 588
. Facility Ins	pection Representative: Marvin Hall
Title: Env	ironmental Engineer
Telephone Nu	mber: (<u>703) 899-5074</u>
Inspector's	Name: Sharon Wilcox Lisa Clark
	iron mental Engineer Senior
and the second s	ection: 10 February 1989
Va. Hazardous Waste Reg. 9.8.B.	1. Are all containers in good YES NO condition, i.e., not showing signs of leakage or corrosion or any other
	deterioration/deformation? If not, list the storage/accumulation
	areas where there are problems and the type of problem.
	Location Problem
	· · · · · · · · · · · · · · · · · · ·
4.	
9.8.C.	2. Are the containers lined or made of YES NO materials compatible with hazardous waste placed into them so that the container
	placed into them so that the container

incompatible with

hazardous wastes?

or otherwise

(corrode, etc.)

Ъe

the

3. Are all containers holding hazardous YES (NO) see note 9.8.D.1. waste kept closed during storage? containers are found. The Department is a warre of the relations the drums of Hot Ajan Sludge to be kept un covered in the indoor accumulation of the state of the covered in the indoor accomulation area until the droms have cooked in order to prevent the droms from coving in, However 2 draws at particulate cooled Ajax sludge were found uncovered. The muterial was from floor cleanings, 4. Are areas where hazardous waste YES NO containers are stored inspected by the owner/operator at least once each week? has form and will For large quanitity generators and YES (NO) 9.1.F.2.a. 9.1.F.4. TSD facilities only: 6.4.E.1.d. Is an inspection log maintained? Are containers holding ignitable or (YES) NO 9.8.F. reactive waste located at least 50 ft. from the facility's property line? 9.8.G.1. Are incompatible wastes placed in YES NO $N\mu$ separate containers? Are storage containers holding YES NO MA 9.8.G.3. hazardous wastes which are incompatible nearby materials stored containers, tanks, piles, or surface impoundments separated by dikes, berms, walls, or other devices? 6.4.E.4.a. 9. For satellite accumulation areas: Are there more than 55 gallons YES (NO) of any one type of waste present in the area? If yes, 6.4.E.4.b Have the drums been in the YES NO MA satellite accumulation area longer than 3 days? If yes, Has the company notified the YES NO MA 6.4.E.4.b.

storage area?

Department about the location of the

10. Comments:

#3 The drums Should havebeen closed except when actually being filled. No operators were filling the drums in that a wear at the time we were inspecting

CHECKLIST FOR THE INSPECTION OF HAZARDOUS WASTE FACILITIES

Name of Facility: Delce-Moraine Division of 6 M	(
Address: 34101 Tidewater Trail	
Fredericksburg, VA 22401	
EPA ID Number: <u>UAD 091222588</u>	
Facility Representative: Marvin Hall	
Title: Environmental Engineer	
Telephone Number: (703)899-5074	
Inspector's Name: Sharon Wilcox, Lisa Clark	
Title: Environ mental Engineer Conjor	
Date of Inspection: 10 February, 1989	
Va. Hazardous Waste Regulation	
1. Does this facility:	
Store Treat Dispose	
9.1.D. 2. Does the facility have a waste YES NO analysis plan? Does it contain:	
9.1.D.5.a. a. The parameters for which each (YES) NO hazardous waste will be analyzed?	
9.1.D.5.b. b. The test methods for each (YES) NO parameter?	
9.1.D.5.c. c. The sampling method to obtain a YES) NO representative sample?	
9.1.D.5.d. d. The frequency to review the YES NO analysis?	
9.1.D.6. For off-site facilities only:	

	e. The procedures used to inspect, and YES NO N/A if necessary, analyze each shipment of hazardous waste received at the facility?
9.1.E.	3. Does the facility have either
9.1.E.2.a.	a. a 24-hour surveillance system? YES NO
	OR
9.1.E.2.b.	b. A natural or artificial barrier YES NO which completely surrounds the active portion of the facility? AND,
9.1.E.2.c.	c. A means to control entry at all YES NO times to the active portion of the facility?
9.1.E.3.	4. Is a sign posted at each entrance and vesting NO danger not at locations in sufficient numbers to be seen from all approaches to the active portion of the facility stating "Danger Unauthorized Personnel Keep Out"?
9.1.F.2.	5. Does the facility have a writter YES NO inspection schedule for all monitoring equipment, safety and emergency equipment, security devices, and operating and structural equipment?
	Does the inspection schedule include:
9.1.F.2.c.	a. The types of problems to look for YES NO during the inspection?
9.1.F.2.d.	b. The frequency of inspection? YES NO
9.1.F.4.	6. Does the owner/operator maintain an (YES) NO inventory loghts by inspection log or summary of all maintained for inspections?
9.1.G.1.a.	7. Have facility personnel successfully (YES) NO completed a program of on the job and classroom instruction in proper hazardous waste management? The facility just designated the Studing area as
9.1.G.2.	8. Are new personnel trained within six (YES) NO NA area not a months after assignment to the facility?

reviews of the initial training?

9.1.G.3.

Are facility personnel given annual (YES) NO

Satellitzarea

There fore they must now inspect

the staying unen

9.1.G.4.	10. Are the following documents and records maintained at the facility?
9.1.G.4.a.	a. Job titles for each position YES NO related to hazardous waste management?
. •	b. The name of the employee filling YES NO each job?
9.1.G.4.b.	c. A written job description for each (YES) NO position?
9.1.G.4.c.	d. Records to document the amount of YES NO introductory and continuing training given each facility personnel?
9.2.B.	<pre>11. Is the facility equipped with the following:</pre>
9.2.B.1.	a. An internal communications or alarm YES NO system capable of providing immediate emergency instruction to facility personnel?
9.2.B.2.	b. A device (telephone, 2 way radio) YES NO capable of summoning emergency assistance?
9.2.B.3.	c. Portable fire extinguishers, fire YES NO control equipment, and decontamination equipment?
9.2.B.4.	d. Water at adequate volume and YES NO pressure to supply expected fire demands, foam producing equipment, automatic sprinklers, or water spray systems?
9.2.E.	12. Is adequate aisle space maintained YES NO to allow the unobstructed movement of personnel, fire protection equipment, spill control equipment, and decontamination equipment to any area during an emergency?
9.3.	13. Does the facility have a contingency plan that deals with the following?
9.3.B.1.	a. Actions that facility personnel YES NO will take in response to fires, explosions, or unplanned releases of hazardous waste?

	. /
9.3.B.3.	b. The arrangements agreed to by local YES NO V police and fire departments, hospitals, contractors, and Commonwealth and local emergency response teams?
9.3.B.4.	c. The name, addresses, and office and YES) NO home phone of all emergency coordinators?
	List the primary coordinator
	Name Marvin Hall
	Office Telephone 703-899-5074
	Home Telephone (b) (6)
9.3.B.5.	d. A list of all emergency equipment, YES NO the location and physical description of the item, and a brief outline of its capabilities?
9.3.B.6.	e. An evacuation plan if necessary? YES NO posted in local
9.3.C.2.	14. Has a copy of plan been sent to all YES NO local police and fire departments, hospitals, and Commonwealth and local emergency response teams that may be called to provide emergency services?
	List them Spotsylvania Fore Dept
	Fredericks burg Fire Dept an up dutied copy will be sent to the sherifs Dept
	spotsy women Rescue square
	Tredericks burg Rescue Squad Mary Washing for Hospital Is there documentation that the above YES NO agencies have received the contingency plan?
9.3.D.	Has the plan been implemented? YES NO
	If yes,
9.3.F.9.	a. Did the owner notify the Executive YES NO $N \mathcal{A}$ Director prior to resuming operations?
9.3.F.10.	b. Did the owner file a written report YES NO $\mathcal{W} \mathcal{A}$ within 15 days with the Executive Director?

9.4.B.1.	15. Does the facility have a written YES NO operating record? Does the record include:
9.4.B.2.a.	a. A description of the quantity of YES NO inventory log hazardous waste received, and the method(s) and date(s) of its treatment, storage, or disposal?
9.4.B.2.b.	b. The location of each hazardous YES NO waste within the facility?
9.4.B.2.c.	c. The results of waste analysis and YES NO incineration trial tests?
9.4.D.	16. Has the facility submitted an annual YES NO report for the previous calendar year?
9.4.E.	17. Has the facility accepted any YES NO unmanifested waste shipments?
	18. Comments

CHECKLIST FOR HAZARDOUS WASTE INSPECTION OF GENERATORS

Name of Facil	ity: Delco-Moraine
Address: <u>340</u>	1 Tide water Trail
Fra	Lericksburg, VA 22401
EPA ID Number	: <u>VADOG122588</u>
Facility Repr	esentative: Marvin Hall
Title: 8 MU	from mental Engineer
Telephone Num	ber (703) 849-5074
Inspector's N	ame: Sharon Wilcox, Lisa Clark
	ivon mental Engineer Senior
Date of Inspe	ction: 10 February, 1989
Va. Hazardous Waste Reg.	Generator Checklist
6.3.	1. Is a manifest system currently being YES NO used for all hazardous waste shipped off site?
6.2.C.	2. Has the generator determined that the YES NO transporter(s) and facility have an EPA ID number? [Note: Shipments to POTWs must be manifested.]
5.5.A.7	3. Has the generator determined that the YES NO transporter has a valid Virginia Tranporter Permit?
6.3 5.3.B.1.	4. Is the following information on the manifest:
	a. The generator's name, mailing (YES) NO address, EPA ID Number, and telephone number?
5.3.B.2.	b. An unique five digit number (YES) NO assigned to this manifest by the generator?

1

5.3.B.3.

- c. The total number of pages of the manifest?
- YES N

5.3.B.4.

- d. The company name and EPA ID number of transporter used?
- S) N

5.3.B.5.

- e. The company name, site address, and EPA ID number of the facility designated to receive the waste?
- YES NO

5.3.B.6.

- f. The U. S. DOT description of each waste to include its proper shipping name, hazard class, and I.D. number (UN/NA) as identified in the Virginia Regulations Governing the Transportation of Hazardous Material?
- YES 1

5.3.B.7.

- g. The quantities of waste being shipped?
- ES) NO

5.3.C.

h. The following certification: "I hereby declare that the contents of this consignent are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by (mode of transportation) according applicable international and national governmental regulations. I certify that I have a program in place to reduce the volume and toxicity of waste generated to a degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health environment."

YES NO

- 6.5.C.2.
- 5. Have manifest been received from the TSD facility for any waste which was shipped over 45 days ago?

If no, has the generator filed an exception report with the Executive Director which included:

2

6.5.C.2.a.	a. A legible copy of the manifest YES NO NA for which the generator does not have confirmation of the delivery?
6.5.C.2.b.	b. A cover letter explaining the YES NO N/A efforts taken to locate the shipment?
6.4.E.1.	6. Is hazardous waste being accumulated Tes No Outside Store on-site for less than 90 days? If yes, Sutellite accum - I.S. Storage Area
6.4.E.l.a.	a. Is the waste stored in YES NO b (accomplation) containers or tanks? (If yes, fill e out appropriate checklists. If no, a TSD permit is required.)
6.4.E.1.b.	b. Is the date that accumulation YES NO begins clearly marked and visible for inspection on each container?
6.4.E.l.c.	c. Is each container and tank YES NO clearly marked with the words "Hazardous Waste"?
6.4.E.l.e.	d. Has the generator notified the YES NO Executive Director by March 1, 1988, of the exact location of the accumulation areas?
6.4.E.1.d. 9.1.F.4.	7. Does the generator record inspections YES NO Container in an inspection log?
6.4.E.l.d. 9.1.G.l.	8. Have facility personnel successfully (YES) NO completed a program of classroom training or on-the-job training in hazardous waste management procedures?
9.1.G.2.	9. Have new employees to the facility YES NO N/A successfully completed training mentioned above within 6 months of their employment or assignment to the facility? No new employees to the facility?
9.1.G.3.	10. Do personnel participate in an YES NO annual review of the initial training?
9.1.G.4.a.	<pre>11. Does the facility maintain a record of:</pre>

	a. job titles for personnel that (YES) NO are involved with hazardous waste management; and
	b. the name of the employee filling YES NO each job?
9.1.G.4.b.	12. Does the facility have on record a YES NO written position description for each job title noted in Question #10?
9.1.G.4.c.	13. Does the facility maintain a written YES NO description of the type and amount of introductory and continuing training for those employees involved in hazardous waste management?
9.1.G.4.d.	14. Does the facility have records to YES NO document this training?
9.2.B. 9.2.D.	15. At the facility, is the following equipment installed:
9.2.B.1.	a. An internal communications or YES NO alarm system capable of providing immediate emergency instructions to facility personnel if the hazardous waste stroage area is threatened by fire or explosion?
9.2.B.2.	b. A device at the scene of YES NO hazardous waste generator operations capable of summoning energency assistance from Police, Fire Departments, etc.?
9.2.B.3.	c. Portable fire extinguishers, (YES) NO fire control, spill control, and decontamination equipment?; and
9.2.B.4.	d. Water at adequate volume and YES NO pressure to supply expected fire demands, foam producing equipment, automatic sprinklers or water spray system?
9.2.C.	16. Is a record of tests and inspections (YES) NO of required equipment (question 15) maintained at the facility?
9.2.E.	17. Does the facility have adequate (YES) NO aisle space to allow the unobstructed movement of personnel and equipment during emergencies?

1.

6.4.E.1.d. Does the facility have an (YES) 9.3. established contingency plan to deal with any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents to the air, soil, ground water or surface water? 9.3.B. Does the contingency plan contain the following elements: A detailed description of 9.3.B.(1,2). NO emergency procedures facility personnel will implement in response to fires, explosions, or unplanned releases of hazardous waste to air, soil, and water? 9.3.B.4. b. A listing of names, addresses, and phone numbers of the generator facility emergency response coordinators? List primary Coordinator. Name Macun Hall Title Environmental Engineer Telephone 9.3.B.5. c. A list of appropriate emergency (equipment necessary to cope with emergencies at the generator facility? Does this list specify the (YES) NO 9.3.B.6. location and physical description of each item on the list and a brief description of each item on the list, and a brief outline of its capabilities? 9.3.B.6. An evacuation plan for the (YES generator facility where there is a possibility that evacuation could be

necessary?

9.3.C. f. Have copies of the contingency (YES) NO plan been sent to all local police departments, fire departments, hospitals and Commonwealth and local emergency response teams? List: revised copy to sherrit see Facility checklist Is there documentation to (YES) NO 9.3.C. indicate the personnel listed above received the contingency plan? except for sherriff h. If the contingency plan has been YES NO ν/A 9.3.F.(9,10). implemented, was a written report filed with the Executive Director and were the Executive Director and other required authorities properly notified before operations resumed? 6.4.E.4.a. Does the generator have satellite YES accumulation areas? If yes, a. Is the area located at or near (YES) NO the point of hazardous waste generation? 6.4.E.4.a.(1) Are the containers in good (YES) NO condition? 9.8.B. c. Are the containers compatible YES 6.4.E.4.a.(1) 9.8.C. with the waste? 6.4.E.4.a.(1) d. Are the containers kept closed? 9.S.D.1. on container e. Are the containers marked with (YES) NO 6.4.E.4.a.(2)

6.5.E.4.b.

f. Are amounts in excess of those YES (NO allowed being accumulated in the satellite accumulation area? yes,

the words "Hazardous Waste" or other words that identify the contents of

the container?

Has the generator marked YES NO the amount in excess with the date the excess amount began accumulating?

	(2) Has the generator either YES NO W/A removed the excess amount within three days of the date of excess accumulations or has he complied with all other provisions for accumulation areas listed in question 5 on this checklist? Namely, has he notified the Executive Director about the location of the accumulation area? What has the generator chosen to do?	
•		
6.5.A.	21. Does the generator retain copies of YES NO all manifests, annual reports, and test results for at least three years?	
6.5.B.	22. Has the facility submitted an annual YES NO report for the preceding calendar year?	
	23. Comments	

SURVEY SHEET FOR INSPECTION OF HAZARDOUS WASTE FACILITIES

Name of Facility:	relco Moraine	Division 6MC
Address: 3401 1	idewater Trail	
Frederic	ksburg, VA 2241	01
EPA ID Number: VA	N9122588	
Facility Representa	tive: <u>Marvin Hall</u>	
Title: Environ	nmental En	gineer
Telephone Number:	703) 899-5074	- -
Inspector's Name:	haron Wilcox	Lisa Clarle
	mental Engin	•
Date of Inspection:	10 February, 19	84
	3 .	
1. What is the mfg., metal plating	business activity of a	the firm? (i.e., furniture
	overtor clutche	
	ef description of $e(s)$. $001 - A$	the waste stream(s) and
	1/0007 due do	, J .
7	•	
3. List the amore basis (use the haccumulated at the	nighest monthly total;	ste generated on a monthly) and the greatest amount
Waste Code	Amount Generated	Amount Accumulated
DO01/10007	15,000 #/m0	69 drums instorage
	900 #/drun	3 drums in accumulation are
		1 drum inasile
		4 drumstineach sattelite

4.	Does the facility ever generate greater than:
	-1 kg. of acutely toxic waste (P listed waste or YES 10) F020-F023 and F026-F027)?
	-100 kg of clean up from a spill of P listed waste YES NO or F020-F023 and F026-F027 waste?
If :	yes, then the facility is a generator.
5.	Does the facility generate land banned waste? YES
	If yes, circle the type:
	F001 F002 F003 F004 F005
	California List - list the metal
	Cyanide
	Dioxin
	How is the waste presently being handled? Where is it sent? Is the generator providing the required certifications to the TSD facility?
	Envirosate Services of OHIO OHDO45243706 dispose
	transporter & disposal Chandfilled YES
	ساشده دید کا کیا
exc	Does the facility generate any hazardous waste that is luded from regulation? If yes, list the waste and the basis exclusion.
	10
7.	Based on the above, the facility is a:
	 a. conditionally exempt small quantity generator b. small quantity generator c) generator

8. Check accumulation times for the three types of generators.

If the times are exceeded, then the facility is moved up to the next category.

A conditionally exempt small quantity generator can accumulate indefinitely, but if the amount accumulated ever exceeds 1000 kgs. then he becomes a small quantity generator. At the time the 1000 kg. limit is passed, the accumulation times for small quantity generators begins.

Small quantity generators can accumulate up to 180 days or 270 days if the disposal site is over 200 miles away. However, if at any time over 6000 kgs. of waste is accumulated, then the small quantity generator becomes a generator.

9. List each container and tank accumulation area. Specify the number and capacity of each tank. [Note: Include any satellite accumulation areas. Verify that only 55 gallons of waste (or one quart of acutely toxic waste) is at that site.]

Location	Number o	of Containers	Number o	f Tanks	Capacity
storage	6	9			136 drums 25 drums 21 drums
accumulati	רטי	3			25 drums
Satellit.	ρ	3 4 leach			21 drums
	•				***************************************
10. Comm	ents				
	······································				

11. Waste Management Flow Diagram

(On this page sketch a brief flow diagram that includes where the waste is generated, the steps through a treatment system (if any), the steps through storage including satellite accumulation areas. Do this for each waste stream including excluded hazardous waste.)

